

F03000001419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

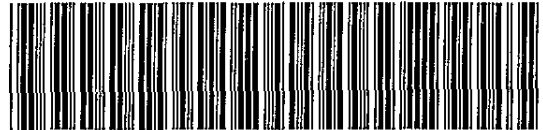
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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03 MAR 20 AM 9:14  
CLERK OF COURT  
101 N. 3rd St. 6th Fl.  
COLUMBIA, SC 29201

32403

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPER GIBS LIMITED, INC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PURITY GIKUNJU

(Name of Person)

SUPER GIBS LIMITED, INC

(Firm/Company)

4972 EAGLESMERE DR # 923

(Address)

ORLANDO FL 32819

(City/State and Zip code)

For further information concerning this matter, please call:

PURITY GIKUNJU

(Name of Person)

at ( 407 ) 363 2872

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

03 MAR 20 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SUPER GIBS LIMITED, INC  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NAIROBI, KENYA 3. 61-1444885  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/31/1996 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. PO BOX 9592, NAIROBI KENYA  
(Principal office address)  
4972 EAGLESMERE DR APT 923 ORLANDO FL 32819  
(Current mailing address)
8. DOMESTIC AND INTERNATIONAL TRAVEL, AND SALE OF AFRICAN PRODUCTS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: PURITY GIKUNJU  
Office Address: 4972 EAGLESMERE DR APT 923  
ORLANDO, Florida FL 32819  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MATHEW MUGO GACHENGE

Address: P.O BOX 9592

NAIROBI, KENYA

Vice Chairman: CHARITY MUTHONI KURIA

Address: P.O BOX 9592

NAIROBI, KENYA

Director: PURITY GIKUNJU

Address: 4972 EAGLESMERE DR # 923

ORLANDO FL 32819

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: MATHEW MUGO GACHENGE

Address: P.O BOX 9592

NAIROBI, KENYA

Vice President: CHARITY MUTHONI KURIA

Address: P.O BOX 9592

NAIROBI, KENYA

Secretary: PURITY GIKUNJU

Address: 4972 EAGLESMERE DR # 923 ORLANDO FL 32819

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PURITY GIKUNJU, SECRETARY

(Typed or printed name and capacity of person signing application)

03 MAR 20 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND

No. C.79347



REGISTERED THAT CERTIFICATE

10-3 79003  
*[Signature]*  
Snr. Dy. Registrar of Companies

# CERTIFICATE OF INCORPORATION

*I hereby Certify, that—*

SUPER GIBS LIMITED .....

is this day Incorporated under the Companies Act (Cap. 486) and that the Company is LIMITED.

Given under my hand at Nairobi this THIRTEENTH day

of JANUARY ~~TWO THOUSAND~~ One Thousand Nine Hundred and NINETY EIGHT.

W.K.T. RICHU

Snr. Dy. Registrar of Companies